

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: CS23908RL

First Inventor: Michael D. Kotzin

Title: METHOD AND APPARATUS FOR
CONTENT MANAGEMENT AND
CONTROL

Express Mail Label No.: EV 203578487 US

APPLICATION ELEMENTS

(see MPEP chapter 600 concerning utility patent application contents)

Mail Stop Patent Application
ADDRESS TO: Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
See 37 CFR 1.27
3. ☒ Specification [Total Pages 25]
(preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R & D
-Reference to sequence listing, a table, or computer program
listing appendix
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure
4. ☒ Informal Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
5. Oath or Declaration [Total Sheets 3]
a. ☒ Newly executed (original or copy)
- b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large
table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CFR)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-4 (2 copies); or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☐ 5 Copies of IDS
Statement (IDS)/PT-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation☐ Divisional☐ Continuation-in- Part (CIP)

of prior application No. _____

Prior application information:

Examiner: _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number

20280

or ☐

Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name

David S. Noskowicz

Registration No.

55,503

SIGNATURE

Date

31 MARCH 2004

FEE TRANSMITTAL		Complete if Known																																											
<div>Patent fees are subject to annual revision</div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>		Application Number																																											
		Filing Date	March 31, 2004																																										
		First Named Inventor	Michael D. Kotzin																																										
		Examiner Name																																											
		Group Art Unit																																											
TOTAL AMOUNT OF PAYMENT	(\$) 914.00	Attorney Docket No.	CS23908RL																																										
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<div><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.</div> <div>The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.</div>		3. ADDITIONAL FEES																																											
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SUBMITTED BY		Complete (if applicable)																																											
Name (Print/Type) David S. Noskowicz		Registration No.	55,503																																										
Signature		Telephone	847-523-2333																																										
		Date	31 MARCH 2004																																										